

Assembly Concurrent Resolution No. 105

RESOLUTION CHAPTER 9

Assembly Concurrent Resolution No. 105—Relative to Perinatal Depression Awareness Month.

[Filed with Secretary of State April 27, 2010.]

LEGISLATIVE COUNSEL'S DIGEST

ACR 105, Nava. Perinatal Depression Awareness Month.

This measure would proclaim the month of May, each year, as Perinatal Depression Awareness Month in California, and would request the State Department of Health Care Services, the State Department of Public Health, the State Department of Mental Health, First 5 California, the American College of Obstetricians and Gynecologists, Postpartum Support International, and other stakeholders to work together to explore ways to improve women's access to mental health care at the state and local levels, to facilitate increased awareness and education about perinatal depression, clinically referred to as perinatal mood and anxiety disorders, to explore and encourage the use of prenatal screening tools, and to improve the availability of effective treatment and community support services.

WHEREAS, Maternal health and, more specifically, the mental health of women before, during, and after childbirth is an issue of great concern to women, their families, and their physicians and is, therefore, of interest to the Legislature; and

WHEREAS, Perinatal depression and other mood disorders are serious and debilitating, but treatable disorders that affect childbearing women and their families; and

WHEREAS, Perinatal depression and other mood disorders related to pregnancy and childbirth can take many forms, including depression, anxiety, panic disorder, obsessive-compulsive disorder, and psychosis, with onset occurring during pregnancy and after childbirth and, therefore, it is clinically referred to as "perinatal mood and anxiety disorders" but commonly referred to as "perinatal depression"; and

WHEREAS, These afflictions can have potentially serious repercussions upon the physical, emotional, social, and physical health of mothers, fathers, infants, children, and families; and

WHEREAS, It is critical that there is heightened awareness and increased education among all Californians as to the incidence of perinatal depression; that it affects all categories of women and teenage girls regardless of their age, race, or income level; that it can have a profound impact on the family and significantly contribute to adverse developmental and behavioral outcomes and attachment disorders in the young children of affected women;

and that it is highly treatable with therapeutic intervention, community-based supportive services, and medication; and

WHEREAS, Studies show that up to 80 percent of pregnant and postpartum women around the world experience the “baby blues,” which is expressed as frequent and prolonged crying, anxiety, irritability, poor sleep, quick mood changes, and a sense of vulnerability. The onset of the “baby blues” usually occurs within three days of birth, may continue for a few weeks, and does not normally require clinical treatment, but instead is alleviated by emotional and community-based supportive services, and practical assistance with the baby; and

WHEREAS, Between 10 and 20 percent of pregnant and new mothers are affected by perinatal depression and related mood disorders, and may experience symptoms of depressed mood, inability to find pleasure in usually engaging activities, sleep disturbances, diminished concentration, appetite and weight loss, anxiety and panic attacks, feelings of guilt and worthlessness, suicidal thoughts, and fears about hurting the baby; and

WHEREAS, One to two out of every 1,000 new mothers can experience postpartum psychosis, which may begin with manic states, hyperactivity, an inability to sleep, and avoidance of the baby, and may lead to delusions, hallucinations, incoherence, and thoughts of harming the child or themselves and the inability to suppress these thoughts resulting in bodily harm to the mother, infant, or both; and

WHEREAS, All factors contributing to perinatal depression and related mood disorders are not fully understood or recognized, but it is believed that these disorders are caused by physiological factors and can be exacerbated by such external risk factors as marital problems, sleep deprivation, lack of social support, poverty, and preexisting mental illnesses; and

WHEREAS, Mental illness related to childbearing is often overlooked and is heavily stigmatized because expectant and new mothers are expected to be happy, and mothers who are suffering from a form of these disorders feel confused, ashamed, and isolated; and

WHEREAS, According to the American College of Obstetricians and Gynecologists (ACOG), a strong social support network can greatly reduce the intensity and duration of symptoms of perinatal depression and can promote healing and recovery. This support can take the form of hotlines, Internet Web sites, community-based support, home visitation, referral services, and respite care. Services should be available regardless of ability to pay, and services should be culturally and linguistically appropriate. Social and community-based support includes removing stigma as a barrier to accessing help, empathy, information, and practical help that leads women and their families to obtain effective treatment and support services and creates an environment in which women learn that they are not alone, they are not to blame, and they will get better; and

WHEREAS, Provisions of the proposed federal Melanie Blocker Stokes MOTHERS Act made law by the federal Patient Protection and Affordable Care Act directs the United States Secretary of Health and Human Services

and the National Institute of Mental Health to expand and intensify research and related activities with respect to postpartum depression and postpartum psychosis and directs the Secretary of Health and Human Services to make grants to provide for projects for the establishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with perinatal depression or postpartum psychosis and their families; and

WHEREAS, The highly publicized tragic deaths of children at the hands of their mothers who suffered from postpartum psychosis have emphasized the need for more awareness of the illness; improved referral processes; improved access to therapeutic intervention, including medication, and other supportive services; more research into perinatal depression disorders, including postpartum psychosis and other perinatal mood and anxiety disorders; and a greater understanding of how the justice system interacts with mothers who suffer from postpartum psychosis and are accused of a crime; and

WHEREAS, Many women are not adequately informed about, screened for, and treated for perinatal depression because they are uninsured, underinsured, lack access to comprehensive health care, or face cultural and linguistic barriers; and

WHEREAS, Many affected women may not get help because of the stigma associated with mental illness, lack of information about perinatal depression and related mood disorders as part of their overall reproductive health care; because there is limited knowledge; and limited use of screening and assessment tools; and because they are unaware of services; support and treatment for perinatal depression, such as medication, therapeutic interventions, including counseling, support groups, and community-based supportive services; and

WHEREAS, Lack of available services due to inadequate funding for comprehensive medical care, and specifically mental health services, creates an environment where care may not be readily available, and it is particularly important to bring awareness to this problem so that women and their families are able to seek out help; and

WHEREAS, Increased education and awareness, improved access to health care, use of perinatal screening tools, and understanding of perinatal depression by all service providers and community support systems who interface with pregnant and new mothers are all critical factors in identifying mothers-to-be who are at risk, and providing prompt diagnosis, treatment, and proper community-based supportive services that can effectively work together to facilitate recovery; and

WHEREAS, There are many opportunities for the diverse health care community, including obstetricians and gynecologists, pediatricians, psychologists, psychiatrists, social workers, case managers, nurses, childbirth educators, nurse midwives, nurse practitioners, doulas, health educators, breast-feeding instructors, and community advocates, to make women aware of perinatal depression and related mood disorders and identify at-risk women during prenatal visits, home visitation sessions, prepared childbirth

classes, labor and delivery, breast-feeding classes, postpartum well-baby checkups, and parenting classes; and

WHEREAS, It behooves hospitals, health plans, insurance companies, and public programs to pay for, establish, and encourage these policies of diagnosis, identification, and referral to informed treatment and supportive services; now, therefore, be it

Resolved by the Assembly of the State of California, the Senate thereof concurring, That the State of California hereby proclaims the month of May, each year, as Perinatal Depression Awareness Month in California; and be it further

Resolved, That the State Department of Health Care Services, State Department of Public Health, the State Department of Mental Health, First 5 California, the American College of Obstetricians and Gynecologists, Postpartum Support International, and other motivated stakeholders are requested to work together to explore ways to improve women's access to mental health care at the state and local levels, to facilitate increased awareness and education about perinatal depression, clinically referred to as perinatal mood and anxiety disorders; and be it further

Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the author for appropriate distribution.